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CONFIRMATION NO. 5132

<b>SERIAL NUMBER</b> 10/725,575	<b>FILING OR 371 (c) DATE</b> 12/03/2003 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NUMBER</b> SIGU300
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/437,146 12/31/2002 and claims benefit of 60/482,775 06/27/2003 and claims benefit of 60/503,546 09/17/2003 and claims benefit of 60/518,317 11/10/2003

*KUL*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*NONE KUL*

**IF REQUIRED, FOREIGN FILING**

**LICENSE GRANTED \*\* 02/27/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> ICELAND	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 2
Examiner's Signature	Initials				

**ADDRESS**

23364

**TITLE**

Wound dressing

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